

Girls Incorporated of Carpinteria Scholarship Application 2019/2020

CONFIDENTIAL INFORMATION

Member's Name: _____ Age: _____ Grade: _____ Teacher: _____
 Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Program: ASE Summer Camp Teen Center Sports Days of attendance: M T W TH F

Name (Parent/Guardian 1): _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Place of Employment: _____
 Address: _____
 Position/Title: _____
 Work #: _____ Cell #: _____

Name (Parent/Guardian 2): _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Place of Employment: _____
 Address: _____
 Position/Title: _____
 Work #: _____ Cell #: _____

Marital Status: _____ If divorced/separated, who has custody? _____
 (if joint custody, BOTH parties must complete a separate scholarship application form. Awards will not be granted until both forms are turned in.)

Number of children in household: _____ Number of adults in household: _____ Total number in family household: _____

How much of the program fees can the family afford to pay? **(Please do not leave blank)** _____

Income		
Please enter all sources of monthly income.		
	Parent/Guardian 1	Parent/Guardian 2
Salary, wages, tips (gross):	_____	_____
AFDC:	_____	_____
Workers Compensation:	_____	_____
Child Support/Alimony:	_____	_____
Social Security:	_____	_____
Other:	_____	_____
Grand Total	_____	_____
\$ _____	Total: \$ _____	\$ _____

Expenses
Please enter monthly expenses.
Mortgage/Rent: _____
Electricity: _____
Gas (heat): _____
Water: _____
Food: _____
**Other: _____
**Other: _____
Total: \$ _____

** Please describe any expenses above and beyond the **normal** living costs: _____

Signature: _____

Date: _____

FOR OFFICE USE ONLY

Program: _____ Prog. Fees: \$ _____ % Given: _____ % Scholarship Amount: \$ _____ Family Pays: \$ _____

Director's Approval: _____

Date: _____

Executive Director's Signature: _____

Date: _____

* Note: Only one signature is required*

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The following items MUST be submitted to be considered

Fully completed, signed, and dated Scholarship Application (required)

Income Verification (one of the following)

2018 Income Tax Return for each parent/guardian

OR

2018 W2's for each parent/guardian

OR

1 month of paycheck stubs for each parent or guardian (most recent)

Letter of explanation if needed

Letter of Explanation

Signature: _____

Date: _____